

125-211-423

in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>127</u>	
or _____		County Registrar No. <u>128</u>	
City of <u>Globe</u>	No. _____	Local Registrar No. _____	
2. Full name of child <u>Joseph Edward Steele Jr.</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Male</u>		6. Legitimate? <u>yes</u>	
To be answered ONLY in event of plural births.		7. Date of birth <u>Feb. 11 - 24</u>	
4. Twin, triplet or other _____		Month Day Year	
5. No., in order of birth _____			
8. FATHER		14. MOTHER	
Full name <u>Joseph Edward Steele</u>		Full maiden name <u>Mary Elizabeth Stewart</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>35</u> (Years)	
12. Birthplace (city or place) (State or country) <u>England</u>		18. Birthplace (city or place) (State or country) <u>England</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>3</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:40 P. M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>2/20</u> 19 <u>24</u> <u>B. J. Joy</u>	
Month, day, year. _____		Local Registrar.	
Registrar. _____		Filed <u>3/5</u> 19 <u>24</u> <u>B. J. Joy</u>	
		County Registrar.	